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### NOTICE OF ALLOWANCE AND FEE(S) DUE

02292

7590

09/07/2005

BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747 EXAMINER HANSEN, COLBY M

PAPER NUMBER

ART UNIT

DATE MAILED: 09/07/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/500,980      | 07/08/2004  | Motohiro Miyasaka    | 0946-0121PUS1       | 3417             |

TITLE OF INVENTION: OIL-IMPREGNATED SINTERED SLIDING BEARING

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 12/07/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| maintenance fee notification                                                                                                                                                                                           | ns.                                                                                                                                               |                                                                                                                   | ) specifying a                                                                                          | a new co                                               | orrespondence address;                                                                                                                                    | and/or (b) indicating a separ                                                                                                                                                                   | rate "FEE ADDRESS" for                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE                                                                                                                                                                                                 | CE ADDRESS (Note: Use Block 1 for                                                                                                                 | any change of address)                                                                                            |                                                                                                         |                                                        | Note: A certificate of                                                                                                                                    | mailing can only be used fo                                                                                                                                                                     | r domestic mailings of the                                                                                                                  |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        | papers. Each additional                                                                                                                                   | mailing can only be used fo<br>is certificate cannot be used fo<br>al paper, such as an assignme<br>e of mailing or transmission.                                                               | or any other accompanying nt or formal drawing, must                                                                                        |  |
|                                                                                                                                                                                                                        | 590 09/07/2005                                                                                                                                    |                                                                                                                   |                                                                                                         |                                                        | have its own certificate                                                                                                                                  | e of mailing or transmission.                                                                                                                                                                   |                                                                                                                                             |  |
|                                                                                                                                                                                                                        | RT KOLASCH & B                                                                                                                                    | RCH                                                                                                               |                                                                                                         |                                                        | Cer                                                                                                                                                       | rtificate of Mailing or Trans                                                                                                                                                                   | mission                                                                                                                                     |  |
| PO BOX 747                                                                                                                                                                                                             | 7/4 222 42 25 45                                                                                                                                  |                                                                                                                   |                                                                                                         |                                                        | States Postal Service v                                                                                                                                   | his ree(s) Transmittal is being<br>with sufficient postage for firs                                                                                                                             | deposited with the United t class mail in an envelope                                                                                       |  |
| FALLS CHURCH                                                                                                                                                                                                           | , VA 22040-0747                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        | addressed to the Mai                                                                                                                                      | nis Fee(s) Transmittal is being<br>with sufficient postage for firs<br>1 Stop ISSUE FEE address<br>TO (571) 273-2885, on the d                                                                  | above, or being facsimile                                                                                                                   |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        |                                                                                                                                                           | (,,                                                                                                                                                                                             | (Depositor's name)                                                                                                                          |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 | (Signature)                                                                                                                                 |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                     |                                                                                                                                                                                                 | (Date)                                                                                                                                      |  |
|                                                                                                                                                                                                                        | <u> </u>                                                                                                                                          |                                                                                                                   |                                                                                                         |                                                        |                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                           | (Ditte)                                                                                                                                     |  |
| APPLICATION NO.                                                                                                                                                                                                        | FILING DATE                                                                                                                                       | ]                                                                                                                 | FIRST NAMED                                                                                             | ) INVEN                                                | TOR                                                                                                                                                       | ATTORNEY DOCKET NO.                                                                                                                                                                             | CONFIRMATION NO.                                                                                                                            |  |
| 10/500,980                                                                                                                                                                                                             | 07/08/2004                                                                                                                                        |                                                                                                                   | Motohiro l                                                                                              | Miyasak                                                | a                                                                                                                                                         | 0946-0121PUS1                                                                                                                                                                                   | 3417                                                                                                                                        |  |
| TITLE OF INVENTION: O                                                                                                                                                                                                  | IL-IMPREGNATED SINT                                                                                                                               | ERED SLIDING B                                                                                                    | EARING                                                                                                  |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   | •                                                                                                                 |                                                                                                         |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
| APPLN. TYPE                                                                                                                                                                                                            | SMALL ENTITY                                                                                                                                      | ISSUE FI                                                                                                          | EE                                                                                                      | PL                                                     | BLICATION FEE                                                                                                                                             | TOTAL FEE(S) DUE                                                                                                                                                                                | DATE DUE                                                                                                                                    |  |
| nonprovisional                                                                                                                                                                                                         | NO                                                                                                                                                | \$1400                                                                                                            |                                                                                                         |                                                        | \$300                                                                                                                                                     | \$1700                                                                                                                                                                                          | 12/07/2005                                                                                                                                  |  |
|                                                                                                                                                                                                                        | (D.)                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                             | r                                                                                                       |                                                        | · · · ·                                                                                                                                                   | 1                                                                                                                                                                                               |                                                                                                                                             |  |
|                                                                                                                                                                                                                        | INER                                                                                                                                              | ART UN                                                                                                            | IT ]                                                                                                    | CI                                                     | ASS-SUBCLASS                                                                                                                                              | J                                                                                                                                                                                               |                                                                                                                                             |  |
| HANSEN,                                                                                                                                                                                                                | COLBY M                                                                                                                                           | 3682                                                                                                              |                                                                                                         |                                                        | 384-279000                                                                                                                                                | •                                                                                                                                                                                               |                                                                                                                                             |  |
| 1. Change of correspondenc CFR 1.363).                                                                                                                                                                                 | e address or indication of "F                                                                                                                     | ee Address" (37                                                                                                   | 2. For prin                                                                                             | ting on 1                                              | he patent front page, li                                                                                                                                  |                                                                                                                                                                                                 |                                                                                                                                             |  |
|                                                                                                                                                                                                                        | dence address (or Change of                                                                                                                       | Correspondence                                                                                                    | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.                       |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
| Address form PTO/SB/1                                                                                                                                                                                                  | dence address (or Change of 22) attached.                                                                                                         |                                                                                                                   | (2) the nan                                                                                             | ne of a s                                              | single firm (having as a                                                                                                                                  | member a 2                                                                                                                                                                                      |                                                                                                                                             |  |
| ☐ "Fee Address" indicate PTO/SB/47; Rev 03-02.                                                                                                                                                                         | tion (or "Fee Address" Indica<br>or more recent) attached. Use                                                                                    | ation form                                                                                                        | registered                                                                                              | attorney<br>d natent                                   | or agent) and the nam<br>attorneys or agents. If                                                                                                          | ies of up to                                                                                                                                                                                    |                                                                                                                                             |  |
| Number is required.                                                                                                                                                                                                    | or more recently attached. Os.                                                                                                                    | or a Customer                                                                                                     | listed, no n                                                                                            | name wil                                               | l be printed.                                                                                                                                             | no name is 3                                                                                                                                                                                    |                                                                                                                                             |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                   | RESIDENCE DATA TO B                                                                                                                               | E PRINTED ON T                                                                                                    | HE PATENT                                                                                               | (print c                                               | r type)                                                                                                                                                   |                                                                                                                                                                                                 |                                                                                                                                             |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                        | an assignee is identified be 37 CFR 3.11. Completion                                                                                              | low, no assignee of this form is NOT                                                                              | data will appe                                                                                          | ear on the                                             | ne patent. If an assign<br>g an assignment.                                                                                                               | ee is identified below, the do                                                                                                                                                                  | ocument has been filed for                                                                                                                  |  |
| (A) NAME OF ASSIGN                                                                                                                                                                                                     | •                                                                                                                                                 |                                                                                                                   |                                                                                                         |                                                        | Y and STATE OR COL                                                                                                                                        |                                                                                                                                                                                                 | •                                                                                                                                           |  |
| (A) THIME OF ADDIOIN                                                                                                                                                                                                   | LL                                                                                                                                                | (B                                                                                                                | ) KESIDENC                                                                                              | E. (CII                                                | I and STATE OR CO.                                                                                                                                        | UNIKI)                                                                                                                                                                                          |                                                                                                                                             |  |
|                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
| Diagon about the comment of                                                                                                                                                                                            |                                                                                                                                                   |                                                                                                                   |                                                                                                         |                                                        | D D.                                                                                                                                                      |                                                                                                                                                                                                 |                                                                                                                                             |  |
|                                                                                                                                                                                                                        | assignee category or catego                                                                                                                       |                                                                                                                   | <del></del>                                                                                             |                                                        | Individual U.Co                                                                                                                                           | orporation or other private gro                                                                                                                                                                 | up entity  Government                                                                                                                       |  |
| 4a. The following fee(s) are  Issue Fee                                                                                                                                                                                | enciosed:                                                                                                                                         | 46                                                                                                                | Payment of I                                                                                            | (-)                                                    |                                                                                                                                                           | .11                                                                                                                                                                                             |                                                                                                                                             |  |
| _                                                                                                                                                                                                                      | small entity discount permitte                                                                                                                    | ud)                                                                                                               | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
| Advance Order - # of                                                                                                                                                                                                   |                                                                                                                                                   |                                                                                                                   | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to          |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
| - Advance Order - # Or                                                                                                                                                                                                 | - Copies                                                                                                                                          | <del></del>                                                                                                       | Deposit Acco                                                                                            | ount Nu                                                | nber                                                                                                                                                      | (enclose an extra co                                                                                                                                                                            | opy of this form).                                                                                                                          |  |
|                                                                                                                                                                                                                        | (from status indicated above                                                                                                                      | ,                                                                                                                 | _                                                                                                       |                                                        |                                                                                                                                                           | <u> </u>                                                                                                                                                                                        |                                                                                                                                             |  |
|                                                                                                                                                                                                                        | MALL ENTITY status. See                                                                                                                           |                                                                                                                   |                                                                                                         |                                                        | -                                                                                                                                                         | LL ENTITY status. See 37 CF                                                                                                                                                                     | 12                                                                                                                                          |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the reco                                                                                                                                | is requested to apply the Issu<br>sublication Fee (if required) words of the United States Pate                                                   | ue Fee and Publicat<br>will not be accepted<br>ent and Trademark                                                  | ion Fee (if an<br>from anyone<br>Office.                                                                | y) or to<br>other th                                   | re-apply any previousl<br>an the applicant; a regi                                                                                                        | y paid issue fee to the applical<br>istered attorney or agent; or th                                                                                                                            | tion identified above.<br>e assignee or other party in                                                                                      |  |
| Authorized Signature                                                                                                                                                                                                   |                                                                                                                                                   |                                                                                                                   | <del></del>                                                                                             |                                                        | Date                                                                                                                                                      |                                                                                                                                                                                                 |                                                                                                                                             |  |
| Typed or printed name                                                                                                                                                                                                  |                                                                                                                                                   |                                                                                                                   | Registration No.                                                                                        |                                                        |                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                             |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed at<br>this form and/or suggestions<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313-<br>Under the Paperwork Reduc | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPTs for reducing this burden, st inia 22313-1450. DO NOT 1450. | 11. The information 122 and 37 CFR 10. Time will vary tould be sent to the SEND FEES OR Coare required to reserve | n is required to 1.14. This coll depending up to Chief Information COMPLETED                            | to obtain<br>lection i<br>on the i<br>nation O<br>FORM | or retain a benefit by t<br>s estimated to take 12 r<br>ndividual case. Any co<br>fficer, U.S. Patent and<br>S TO THIS ADDRESS<br>f information unless it | the public which is to file (and<br>minutes to complete, includin<br>mments on the amount of tin<br>Trademark Office, U.S. Depa<br>3. SEND TO: Commissioner for<br>displays a valid OMB control | by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450, number |  |



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.          | FILING DATE       | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|--------------------------|-------------------|----------------------|-------------------------|------------------|--|
| 10/500,980 07/08/2004    |                   | Motohiro Miyasaka    | 0946-0121PUS1           | 3417             |  |
| 02292                    | 7590 09/07/2005   |                      | EXAMINER                |                  |  |
| BIRCH STEW<br>PO BOX 747 | ART KOLASCH & B   | HANSEN, COLBY M      |                         |                  |  |
|                          | CH, VA 22040-0747 | ART UNIT             | PAPER NUMBER            |                  |  |
|                          |                   |                      | 3682                    |                  |  |
|                          |                   |                      | DATE MAILED: 09/07/2005 |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.